

STAFF APPLICATION + FOR JUMP START # _____

Date Received by Happening: _____

NAME _____ BIRTH DATE _____
LAST FIRST MO/DAY/YEAR

ADDRESS _____
STREET CITY STATE ZIP

HOME PHONE _____ OWN PHONE _____
WORK PHONE FOR ADULTS

CHURCH _____ HIGH SCHOOL GRADUATION YEAR _____
NAME, CITY

E-MAIL ADDRESS (please print carefully) _____

HAPPENING YOU ATTENDED _____ HAPPENING(S) YOU SERVED _____

JUMP START(S) YOU ATTENDED _____ JUMP START(S) YOU SERVED _____

1. PLEASE LIST PARISH, SCHOOL AND OTHER ACTIVITIES IN WHICH YOU PARTICIPATE.
(ACOLYTES, EYC, SPORTS, CAMP, ETC.) _____

2. WHAT GIFTS / TALENTS WILL YOU SHARE WITH THE JUMP START COMMUNITY?
(GUITAR, DRAMA, VISUAL ARTS, ETC.) _____

3. PLEASE TELL THE STEERING COMMITTEE WHY YOU WOULD LIKE TO SERVE ON A
HAPPENING STAFF. _____

4. YOUR CONTINUED PARTICIPATION IN DIOCESAN/JUMP START ACTIVITIES IS A
CONSIDERATION IN SELECTING STAFF MEMBERS. PLEASE LIST THOSE ACTIVITIES IN
WHICH YOU HAVE PARTICIPATED? _____

APPLICANT'S NAME _____ **FOR JUMP START #** _____

I RECOMMEND THAT THIS APPLICANT BE CONSIDERED TO SERVE ON THIS JUMP START STAFF. (S)HE PARTICIPATES FAITHFULLY IN THE LIFE OF THIS CONGREGATION, ATTENDS WORSHIP SERVICES REGULARLY AND...

SIGNATURE OF CLERGY / YOUTH LEADER _____

I UNDERSTAND THAT:

- (1) Each staff member is required to attend all training sessions. Missing any part of training may restrict service on staff. Staff members are responsible for submitting required forms and fees prior to the weekend.
- (2) Individuals are responsible for arranging their own transportation and absences from school, work or other obligations, well in advance.
- (3) Every staff member is expected to arrive at Jump Start on Friday evening of Jump Start weekend. Depending on travel time required, permission may be required to leave school early on that day.
- (4) Team members are expected to participate in clean up after the closing

I GIVE PERMISSION FOR MEDICAL TREATMENT FOR MY CHILD NAMED ABOVE WHILE HE/SHE IS PARTICIPATING IN THIS EVENT.

SIGNATURE OF PARENT _____

Parent name _____

Work phone _____ Other phone _____

Alternate Emergency contact if parent is unavailable _____

Relationship & phone _____

Insurance company and Group/Policy number _____

Please list dietary restrictions, known allergies, and medications that are taken regularly (and indicate which)

I AGREE TO PARTICIPATE AS FULLY AS I CAN AND TO FOLLOW THE RULES OF THE EVENT. I UNDERSTAND THAT IF I DON'T MY PARENTS WILL BE NOTIFIED AND I MAY BE SENT HOME.

SIGNATURE OF APPLICANT _____

PLEASE MAIL APPLICATION TO HAPPENING REGISTRAR:
CeCe Allen Dubuisson
18 Higdon Court
Ft. Walton Beach, FL 32547
CeCeEDCGC@aol.com
850-863-1414
Fax: 850-863-4408 (mail original)

HAPPENING COORDINATOR: FRANKLIN LITTLE (334)943-1191